

NOV 29 2004

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3871 Lakefield Drive  
Suwanee, GA 30024

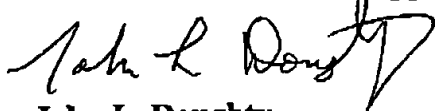
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To:	Commissioner for Patents
Fax No.	(703) 872-9306
From:	John Doughty
Date:	November 23, 2004
Serial No.	09/750,306
No. of Pages:	4

**Message:**

Please enter the attached Power of Attorney and change the correspondence address in the above-referenced application accordingly.

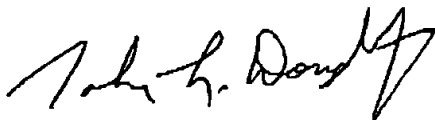


John L. Doughty

47,533

**CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8**

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PTO/SB/21 (08-03)

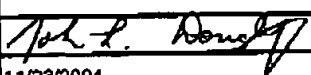
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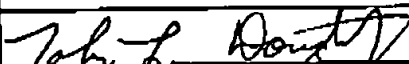
<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/750,308	
	Filing Date	December 29, 2000	
	First Named Inventor	Ansley	
	Art Unit	2567	
	Examiner Name	Jones	
Total Number of Pages in This Submission	3	Attorney Docket Number	6032

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input checked="" type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks Letter		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	John L. Doughty ARRIS International, Inc.	Reg. No. 47,533
Signature		
Date	11/23/2004	

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Typed or printed name	John L. Doughty	
Signature		Date 11/23/2004

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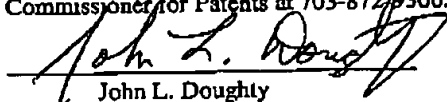
PATENTS  
DOCKET 6032

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Ansley	)	Group No.:	2667
Serial No.:	09/750,306	)	Examiner:	Jones
Filed:	December 29, 2000	)	Docket:	6032
Title:	System and method for multiplexing broadband signals	)		

## CERTIFICATE OF TRANSMISSION

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## LETTER

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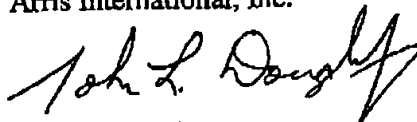
Dear Sir/Madam:

Please enter the enclosed Power of Attorney and change the correspondence address accordingly in the above-reference application. An assignment showing ARRIS as the owner has been submitted to the Assignment Division for recordation. The person signing the enclosed Power of Attorney is an officer of ARRIS.

Arris International, Inc.  
3871 Lakefield Drive  
Suwanee, Georgia 30024  
(678) 473-8697  
(678) 473-8095 - fax  
[john.doughty@arrisi.com](mailto:john.doughty@arrisi.com)

Respectfully submitted,

Arris International, Inc.

  
John L. Doughty  
Reg. No. 47,533

PTO/SB/51 (09-09)

Approved for use through 11/30/2005, OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	09/750,306
Filing Date	12/29/2000
First Named Inventor	Ansley
Title	System and Method for Multiple
Art Unit	2667
Examiner Name	Jones
Attorney Docket Number	58130.000063 (6032)

I hereby appoint:

☒ Practitioners associated with the Customer Number:

21924

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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Country			
Telephone	Fax		

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name			
Signature			
Date	11/22/2004	Telephone	678-473-8687

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.

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